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AUTHORITY

AGO D/A ltr, 29 Apr 1980

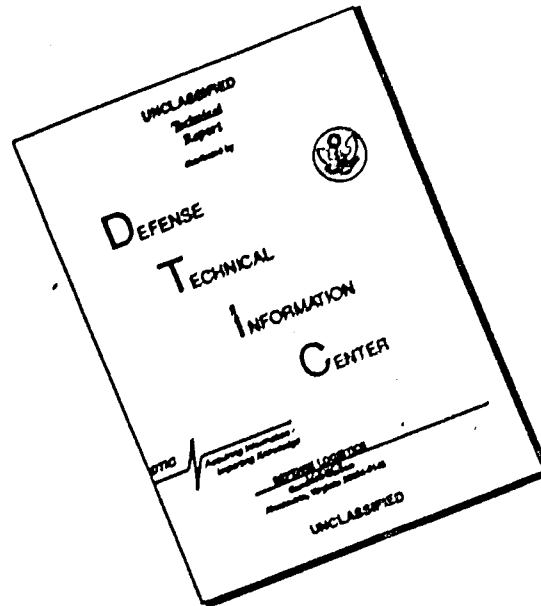
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AD 838737



DEPARTMENT OF THE ARMY  
OFFICE OF THE ADJUTANT GENERAL  
WASHINGTON, D.C. 20310

IN REPLY REFER TO

AGAM-P (M) (31 Jul 68) FOR OT RD 682079

9 August 1968

SUBJECT: Operational Report - Lessons Learned, Headquarters, 18th  
Surgical Hospital (MA), Period Ending 30 April 1968

SEE DISTRIBUTION

This report is for review and evaluation in accordance with paragraph 5b, AR 525-15. Evaluations and corrective actions should be reported to ACSFOR OT RD, Operational Reports Branch, within 90 days of receipt of covering letter.

*Chief of Staff for Force*  
*DR office of Asst*  
*Sub. attch: FTR-OT-RD*  
*WASH D.C. 20310*

1. Subject report is forwarded for review and evaluation in accordance with paragraph 5b, AR 525-15. Evaluations and corrective actions should be reported to ACSFOR OT RD, Operational Reports Branch, within 90 days of receipt of covering letter.
2. Information contained in this report is provided to insure that the Army realizes current benefits from lessons learned during recent operations.
3. To insure that the information provided through the Lessons Learned Program is readily available on a continuous basis, a cumulative Lessons Learned Index containing alphabetical listings of items appearing in the reports is compiled and distributed periodically. Recipients of the attached report are encouraged to recommend items from it for inclusion in the Index by completing and returning the self-addressed form provided at the end of this report.

BY ORDER OF THE SECRETARY OF THE ARMY:

1 Incl  
as

*Kenneth G. Wickham*  
KENNETH G. WICKHAM  
Major General, USA  
The Adjutant General

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AUG 30 1968

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DEPARTMENT OF THE ARMY  
HEADQUARTERS, 18TH SURGICAL HOSPITAL (MA)  
APO San Francisco 96495

AVBJ-GC-SB

11 May 1968

SUBJECT: Operational Report of 18th Surgical Hospital (MA) for  
Period Ending 30 April 1968 RCS:CSFOR65R1

THRU: Commanding General  
44th Medical Brigade  
ATTN: AVBJ-PO  
APO 96384

TO: Assistant Chief of Staff for Force Development  
Department of the Army  
Washington, D.C. 20310

1. Section 1 Operations: Significant Activities. At 1000 hours on 27 February 1968, the 18th Surgical Hospital (MA) located in Lai Khe, was notified to stop receiving patients and close out operations at Lai Khe. On this day, the S4 from 68th Medical Group told the Hospital Commander to have his hospital ready for deployment by 0001 hours on 29 February 1968. By 1900 hours on 28 February 1968 the unit was ready for deployment. At 0630 hours on 7 March 1968 the first flight left Lai Khe for Quang Tri, but even then, 68th Medical Group headquarters had not informed the hospital Commanding Officer where his unit was being deployed. The location of the hospital became known upon his landing at Quang Tri.

The flights up to the new area became ones of uncertainty because of the flying time to Quang Tri and unfavorable weather conditions. Personnel and equipment were often off loaded from one plane, held over 24 hours and loaded onto another plane before the trip was completed. By 1700 hours on 10 March 1968 all but one sortie of the 18th Surgical Hospital and the 3rd Platoon of the 542nd Medical Company (Clearing) closed in at the new location.

On 13 March 1968, COL Cole, 67th Medical Group Commander visited the 18th Surgical Hospital. The Hospital Commander was informed that the hospital was to become operational 24 hours after all supplies were received.

FOR OT RD  
682079

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At 1300 hours on 17 March 1968 the hospital started receiving local patients and began receiving casualties at 0001 hours on 18 March 1968. With such a short time to become operational and with no daily hire of local civilian personnel, it once again became the task of all members to build tent floors, fill sandbags, construct bunkers, build showers, latrines, and perform many other tasks that a unit encounters when moving into a new area. To go from the shade of a rubber plantation to the marsh of a rice paddy was difficult, but the personnel have pitched in and performed their job outstandingly. An additional major problem was the ammunition sling-out point just across the street. CH47 Chinooks coming in to pick up ammunition blow down and tear canvas tents. The 110 MPH winds cause meals to be served with a sand blended condiment, and personnel are continually ducking from flying debris.

**2. Section 2. Lessons Learned: Commanders Observations, Evaluations, and Recommendations.**

**a. Personnel:**

**(1) MUST Maintenance Personnel**

(a) **OBSERVATION:** Rapid turnover of attached MUST Maintenance Personnel caused difficulty in providing proper maintenance for the MUST equipment.

(b) **EVALUATION:** The initial approach to this problem was to try to OJT some organic personnel on the MUST equipment. Due to the highly complex nature of the equipment, it is impossible to satisfactorily OJT organic personnel.

(c) **RECOMMENDATION:** Surgical hospitals using MUST equipment should be given at least three fully trained MUST maintenance personnel as part of the TOE.

**(2) Medical Personnel (Professional and Non Professional)**

(a) **OBSERVATION:** The MUST hospitals are not staffed adequately personnel-wise to perform to the full capabilities of its equipment and mission. In addition, other duties, as water purification, laundry, garbage and trash disposal personnel are detailed from this already short personnel service.

(b) **EVALUATION:** In discussing this problem with various members of the staff it appears that almost every section in the hospital have personnel from their sections working on other type details. Some of these details are K.P., hauling trash, building bunkers and filling sandbags.

(c) **RECOMMENDATION:** When locating the hospital it should be located in

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an area where it can be assisted by support units. Also, an augmentation should be provided to help with the many tasks such as sandbagging, drainage digging, bunker building, disposing of trash, latrine waste burning and many other details.

b. Operations:

(1) Site Location

(a) **OBSERVATION:** Half of the land for the hospital site was under water when the unit moved into location and the area had not been prepared for the deployment of MUST inflatables and expandables. The area also is located less than 50 yards from an Army ASP and sling out point.

(b) **EVALUATION:** It appears that the personnel selecting the site had not given any consideration as to the lack of usable land and that the area where MUST elements are to be deployed should be level. Also the ASP presents problems. The first is the safety of the patients, due to the potential hazard of the ammo supply, and its priority as an enemy target. Another problem is the sling out operations creates dirt and winds which make the hospital untenable.

(c) **RECOMMENDATION:** If time permits the CO or XO should visit the proposed site before deploying into the area. Also a quartering party for site development should be dispatched to the site prior to the arrival of the main body and at a minimum the area should be leveled for deployment of the MUST elements. For safety factors it is recommended that future hospitals sites be located at least 1000 yards and preferably 3000 yards from ASP's.

(2) Security of Supplies:

(a) **OBSERVATION:** Supplies and equipment shipped into the Quang Tri Air Base were received, but due to the large volume of troop movements and cargo shipments, an overwhelming storage and security problem was experienced at the air base. Consequently, pilferage of supplies appeared to be the routine problem.

(b) **EVALUATION:** The unit was able to furnish some guards for the supplies and equipment that came with the unit move. However, as the additional supplies arrived that have been shipped to Quang Tri since the opening of the hospital guards have not been provided because the unit did not know when the supplies were to arrive. Also due to the lack of manpower and the use of a fork lift supplies have had to sit at the airport for three or four days before they could be moved to the hospital area.

(c) **RECOMMENDATION:** It is suggested that on further moves that the unit be notified in advance when the supplies are due to arrive. Team augmentation should be provided for major operations so proper accountability at air base storage location can be maintained.

(3) Arrangement of Inflatables:

(a) OBSERVATION: Due to a rapid influx of large numbers of patients, the emergency room is frequently overloaded. The overload goes into the holding ward.

(b) EVALUATION: At the present time the holding ward is three wards down from the emergency room. This causes the patients to become detached from the emergency room and in some cases causes a delay in treatment.

(c) RECOMMENDATION: For the holding ward to be utilized properly it should be located between the emergency room and the Post-Operative ward.

c. Training: None

d. Intelligence: None

e. Logistics:

(1) Electric Cables:

(a) OBSERVATION: The unit has two 45 KW generators which provide power for all elements other than the MUST elements. Several times the power cables leading from the tent into the generators have burned out and twice started small grass fires.

(b) EVALUATION: The power requirement for the billet area is usually only about 10 KW. Due to the fact that most light sets are made for smaller generators the appliance within the various tents pull to great of a load for the small cables to handle. Therefore, the cables used for a 10 KW are too small to use with a 45 KW. At the present time a requisition is in for the larger cables.

(c) RECOMMENDATION: That when a unit is provided a 45 KW generator the light sets made for that particular generator should also be supplied.

(2) Fuel Bladder Problems:

(a) OBSERVATION: During the first month of operation at Quang Tri, considerable trouble was experienced with dirty fuel for the U-Packs. This fuel is sent by pipe from Dong Lin to a tank farm at Quang Tri. Due to danger of sabotage the pipeline is shut down every night which allows dirt to enter into the pipe line systems so that in spite of filtration at the tank in Quang Tri, this hospital has to contend with more fuel impurities than usually encountered. The results of fuel impurities have been frequent collapse of fuel filters and several broken quill shafts (a part of the fuel pad assembly).

(b) EVALUATION: In discussing this problem with the NCOIC of the tank farm he indicated a factor that aggravates the problem is the use of two 500 gallon water bladders and one 10,000 gallon water bladder for fuel storage. A test run on the three bladders showed a lot of residue in the bottom of each. Water bladders, unlike fuel bladders, draw from the lowest point of the bladder where water and impurities tend to settle.



(c) **RECOMMENDATION:** Draining several gallons of fuel off of the bottom each day has helped. A better solution would be to either use regular fuel bladders or to obtain another water bladder for use as a receiving and settling tank.

(3) Wooden Floors:

(a) **OBSERVATION:** The wooden floors constructed for the MUST inflatables have taken a severe beating in the move.

(b) **EVALUATION:** The 8x13 sections are too cumbersome to be easily moved by personnel or by fork lifts. The loading and unloading of some with fork lifts damaged so many that they had to be repaired before being used at this location.

(c) **RECOMMENDATION:** The use of a smaller size section and other light weight material such as aluminium or fiberglass would facilitate a longer life and easier movement.

(4) Fork Lifts:

(a) **OBSERVATION:** Prior to the unit's departure from Lai Khe and up to the present time, the need for a 15,000 lb fork lift has proven itself. The MUST dollies could not be manually moved in the rice paddies, nor could the tolerance needed be obtained by use of prime movers. In addition to the need of a fork lift for moving MUST elements, a fork lift is needed almost on a daily basis for loading and unloading unit and medical supplies from trucks.

(b) **EVALUATION:** Many precious man-hours have been lost trying to borrow fork lifts and waiting for fork lifts to arrive. Also, the larger containers were broken down for loading and unloading purposes, which destroyed the ease of supply storage, especially where lock-up storage is concerned.

(c) **RECOMMENDATION:** A 15,000 lb rough terrain fork lift should be included in unit TOE.

(5) Medical Supplies:

(a) **OBSERVATION:** Initially, establishing operations, particularly with a short operational date leaves little time for supply section to requisition resupply requirements since they are busy deploying the hospital and establishing supply facilities.

(b) **EVALUATION:** The utilization of pre-packaged supply projects was an excellent idea. This saved the local supply personnel from requisitioning supplies and had the supplies available when they were needed.

(c) **RECOMMENDATION:** In the use of pre-packaged projects, the supplies should be based on the experience factors of the receiving hospital if available.

(6) Laundry:

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(a) ~~OBSERVATION~~: Presently, this unit has only one laundry unit. Initially, it broke down daily for one reason or another. To date, a back-up dirty laundry problem still exists, but has been reduced.

(b) EVALUATION: For a period of five days the unit was operated 24 hours daily. However, proper maintenance cannot be pulled and the continuous operation leads to more frequent breakdowns.

(c) RECOMMENDATION: A hospital should be furnished two laundry units with trained personnel to operate them, if post QM laundry facilities are not available.

(7) MUST Equipment ( Dolly hydraulic system)

(a) OBSERVATION: Four of the seven dolly sets available for use again mal-functioned at Quang Tri.

(b) EVALUATION: This caused continuous shifting of expandables and U-Packs from one dolly to another, creating much unnecessary work and delaying the deployment of the hospital.

(c) RECOMMENDATION: The dollies should be modified by the manufacturer to remove defects.

(8) Storage Shelves:

(a) ~~OBSERVATION~~: The establishment of operations in the supply area particularly, has been hampered by the lack of shelving upon which to store supplies.

(b) EVALUATION: To facilitate early establishment of operations for future moves, shelves this time have been constructed out of plywood and 2x4 material. All are bolted together so they can be broken down and palletized for movement.

(c) RECOMMENDATION: Prefab shelves should be constructed out of a light weight material.

(9) Furniture for Dining Area:

(a) OBSERVATION: Tables and chairs for the hospital personnel as well as the walking patients are not readily available at new location.

(b) EVALUATION: Tables and chairs were borrowed from the 3rd Marine Division as a temporary measure. When lumber becomes available, picnic type tables will be constructed.

9 (c) **RECOMMENDATION:** A better solution would have been the use of lab tables and folding chairs. They are not bulky, will satisfy all requirements, and facilitate the rapid establishment of mess facilities

(d) **OBSERVATION:** A large enough structure for the kitchen, mess, and storage area was not available at present site. A satisfactory drainage ditch could not be constructed due to local topography.

(e) **EVALUATION:** A small mess tent was used for cooking and three GP Large tents were used for storage and mess facilities. By 20 April enough wood had been obtained through other than normal channels to construct a kitchen and part of the mess hall. A satisfactory drainage ditch still has not been constructed due to a lack of satisfactory material.

(f) **RECOMMENDATION:** A satisfactory mess hall should be built prior to the establishment of the hospital; by an engineer unit that has the personnel and equipment to complete such a project.

(10) Dental Unit:

(a) **OBSERVATION:** After three months of operating, several deficiencies were found in the equipment. The major faults are listed below with reference to the applicable section in the operating manual provided with the expandable. The dental officer and the maintenance section of the 18th Surgical Hospital have been continually repairing parts when possible, however, many of the repair parts are not available and the maintenance personnel are not familiar with the repair and maintenance of the dental operating units.

(b) **EVALUATION:**

**Modules:** One 24 volt transformer in one of the operating modules shorted and is now of no use. Its removal renders the entire module nonoperational. The cuspidors in both modules (ref Sec 3.4.7) are out of order more than 69% of the operating time. The suction and water flow are continuous whether the activator button is pressed or not. As a result, the compressor runs every thirty to forty seconds for a period of ten seconds causing overheating. The high speed, low torque handpiece in both modules (ref sec 3.3.1.1) suffers from a lack of lubrication in the turbine elements; this causes extreme wear and short life for these elements. The polyethylene pneumatic tubing in the compressor compartments is loose and often blows free. This necessitates wiring of these tubes in place and a consequent loss in operating time. One of the Korr Electro-torque Motor handpieces is nonoperational. Continual repair and rewinding has been performed to keep it operational to this point.

**Saliva ejector:** The saliva ejector in both units (ref Sec 3.2.1.3) and sec 3.4.6) suffers from two major malfunctions. The plastic sleeve does not stop the suction and when placed per instructions, there is add-

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ditional strain placed on the compressor to keep the required air pressure for proper operation. This fact in addition to the malfunction of the cuspidors was sufficient to reduce the air pressure much below the 35 lb psi level required to operate the high speed low torque handpiece. The second problem in this area is the rapid clogging of the saliva ejector often after only two or three minutes of use.

Chair: There are two major malfunctions in the chairs of both units; both chairs rotate from 1 to 1 and  $\frac{1}{2}$  inches on the seat support tubes, and on one of them, the chair lock pin does not engage the lock plate support, therefore, the chair rotates freely about the vertical tube.

Dental X-Ray: The "controlled power cable" will not retract into the X-Ray module, nor can it be attached to the wall or ceiling as per instructions in section 2.1.68 of the operating manual.

X-Ray film processor: There are four major malfunctions in this piece of equipment: A constant water flow in the washing tank causes an overflow and clogging due to air locks or bubbles in the drain line leading from the drain pan. As a result, x-rays can not be properly washed. There is a problem in maintaining a constant water temperature. There is a mixing valve for this purpose, however, the variance in water temperature flowing into the unit from the U-Pack renders this means of temperature control impractical. The rollers in the processing machine must be taken out and dried on a daily basis, otherwise, they will swell and bind which causes the plastic drive gears to strip. The blower fan for cooling is nonoperational. The design of the unit prevents removal of accumulated sediment and debris from the wash tank under the developing and fixing tanks. To remove this tank, the seals and/or the tubing connecting it to the circulating pump must be broken. There are two significant deficiencies in the sink in the dental unit. The first is that the drain strainers become clogged after three or four hand washings. The second is that the back flow check valve in the drain line through the water service box is nonoperational. When the drainage sections of several units are connected in tandem, there is a back-flow through the drain line resulting in an overflow of the drain portions of both sinks and the x-ray processing machine, resulting in a flooded floor and compressor compartment in the operating modules, which caused some of the electrical equipment to short out.

(c) RECOMMENDATION: It is felt that more designing has to be done in the light of the faults found when the unit was actually operated in the field. The concept seems valid, but the practical aspects should be reconsidered, and qualified repairmen and spare parts should be made available.

f. Organization: None.

g. Other: None.

*Michio Kaku*  
8 MICHIO KAKU  
LTC, MC  
Commanding

11  
AVBJ GC-0 (11 May 68) 1st Ind  
SUBJECT: Operational Report of the 18th Surgical Hospital (ML) for Period  
Ending 30 April 1968, RCS CSFOR-65 (R1)

DA, HQ, 67th Medical Group, APO 96337

TO: Commanding General, 44th Medical Brigade, APO 96384

Reference Section 2.

a.

(1) Concur. Further recommend that the authorization be as follows: one E-5, 52C20 U-Pack Operator; one E-4, 52C20 U-Pack Operator; and one E-5, 51120 Refrigeration Specialist.

(2) Concur. The surgical hospital and attached clearing platoon should be full strength TOE authorization. Where service augmentation is required i.e., laundry, water purification, etc., an appropriate personnel complement should be provided to operate these services.

b.

(1) Concur. Every effort was made to expedite the fill and leveling of the site. Combat requirements took precedence.

(2) Concur.

(3) Concur.

c.

(1) Concur.

(2) Concur. Further recommend that fuel containers be included in the TOE of MUST units.

(3) Concur. Further recommend that this light weight material be contracted for under a "value engineering type contract" and made organic to the MUST unit.

(4) Concur. Further recommend that a qualified operator also be included in the TOE.

(5) Concur. However, it is realized that this is not always possible with newly arriving units. Based on actual experience, it is felt that the pre-packaged projects served their purpose but recommend that experience factors of all situations be continuously monitored.

(6) Concur.

(7) Concur. Further recommend that an EIR be submitted.

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AVBJ GC-0 (11 May 68) 1st Ind  
SUBJECT: Operational Report of the 18th Surgical Hospital (MA) for Period  
Ending 30 April 1968, RCS CSFOR-65 (R1)

(8) Concur.

(9)(c) Concur.

(9)(f) Concur. Existing facilities and mess halls must be used until  
additional facilities are erected.

(10) Concur.

*For [unclear]*  
NORMAN J. COLE  
COL, MC  
Commanding

13

AVBJ-PO (11 May 68) 2d Ind

SUBJECT: Operational Report-Lessons Learned for Quarterly Period Ending  
30 April 68 (RCS CSFOR-65)(R1)(18th Surgical Hospital)

DA, Headquarters, 44th Medical Brigade, APO 96384 18 June 1968

TO: Commanding General, United States Army Vietnam, ATTN: AVHGC-DST  
APO 96375

1. The contents of the basic report and first indorsement have been reviewed.

2. The following comments pertaining to observations, evaluations and recommendations in Section 2 of the basic report are submitted:

a. Reference paragraph 2a(1). Concur. Surgical hospitals utilizing MUST equipment require 4 personnel, MOS 52G20, and one, MOS 51L20. MTOE action requesting these personnel has been submitted to USARV.

b. Reference paragraph 2a(2). Concur in part. Availability of support units, tactical operations and availability of real estate dictate the locations of deploying units. As a result, it must be recognized that units cannot always be located in areas of optimum support. The unit must perform necessary functions until desired support becomes available.

c. Reference paragraph 2b(1). Concur. However, portions of the evaluation are not considered appropriate and should not have been included in this report. The Commanding Officer, 67th Medical Group was charged with the responsibility for coordinating the selection of desirable secure real estate and adequate area development prior to unit deployment. Deployment into the area was contingent upon these prerequisites. Tactical operations and the large numbers of combat support units concurrently deploying into this area with high priority for available real estate and area development were major factors in final site selection and development. This headquarters will take immediate action to survey potential safety hazards and consider possible relocation of the unit and/or site improvement.

d. Reference paragraph 2b(2). Concur. The unit's major command and the unit were notified by this headquarters of mission numbers, tail numbers, ETA's and ports of departure on all medical supply shipments into the Quang Tri area. The fact that some of these shipments were diverted because of enemy attacks, cargo backlogs, etc., was unavoidable under combat conditions. The re-entry of the shipments to Quang Tri through Da Nang was necessary and it should have been monitored by the unit's immediate headquarters.

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AVBJ-PO (11 May 68) 2d Ind

SUBJECT: Operational Report-Lessons Learned for Quarterly Period Ending  
30 April 1968 (RCS CSFOR-65)(R1)(18th Surgical Hospital)

e. Reference paragraph 2b(3). The hospital commander may arrange the hospital as desired within the limits of the area concerned.

f. Reference paragraph 2e(1). Non-concur. The cables with the unit's light sets are adequate. If the cables have become defective through damage or deterioration, replacements should be requisitioned.

g. Reference paragraph 2e(2). Concur. The unit is authorized a 12,000 gallon fuel bladder and has been instructed to submit a requisition.

h. Reference paragraph 2e(3). Concur. Wooden floors are an interim measure to preclude extensive site preparation in a tactical sensitive area. Similar recommendations have been received and submitted to the MUST Project Officer, Office of The Surgeon General.

i. Reference paragraph 2e(4). Concur in part. This unit exceeded the load and weight design of the expandable and ward containers by improperly using them as shipping containers. A fork lift is required, however, to manipulate the CONEX containers and bulk material required in the day to day performance of the logistical support operation.

j. Reference paragraph 2e(5). Concur. Resupply sets were established to support this hospital's deployment and are in command reserve asset for divisions, surgical, field and evacuation hospitals. Contents are based upon actual experience factors and are currently being reviewed quantitatively and qualitatively from more recent experience factors. The importance of these sets is such that it is considered that a team from the Supply Division, Office of The Surgeon General, should be requested in-country to study the possible adoption as a standard medical resupply set class 6545.

k. Reference paragraph 2e(6). Concur. The adoption of the MUST to a hospital implies field deployment. The absence of or limitation to the divisional laundry support negates the hospital's functional capabilities and directly effects the ability to perform adequately.

l. Reference paragraph 2e(7). Concur in part. Failure to perform adequate organizational maintenance and overloading of transporters directly contributed to the failure of these items. Design modifications have been submitted to simplify functional aspects of the transporters and simplify repair.

m. Reference paragraph 2e(8). Concur. The metal wire shelving used for walk-in refrigerator storage has been tested and found completely



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AVBJ-PO (11 May 68) 2d Ind

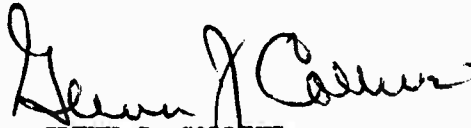
SUBJECT: Operational Report-Lessons Learned for Quarterly Period Ending  
30 April 1968 (RCS CSFOR-65)(R1)(18th Surgical Hospital)

adaptable to the needs of all functional sections of the MUST hospital  
including supply.

n. Reference paragraph 2e(9)(c). Concur. Laboratory tables are  
expendable medical items and are available through normal supply channels.

o. Reference paragraph 2e(9)(e). Non-concur. To await the con-  
struction of a mess hall prior to the establishment of a surgical hospital  
would directly effect the tactical support mission and feasibly decrease  
the effectiveness of tactical operations.

p. Reference paragraph 2e(10). Concur. Deficiencies noted have been  
reported to MUST manufacturer's representatives. Equipment is prototype  
and is undergoing continuous evaluation and it is felt that improvements  
in the quality and design of equipment will result.



GLENN J. COLLINS  
Brigadier General, MC  
Commanding

TEL: LBH 2909/2494

cc: 18th Surgical Hospital

AVHGC-DST (11 May 68) 3d Ind CPT Arnold/hga/IBN 4485 16  
SUBJECT: Operational Report of 18th Surgical Hospital (MA) for  
Period Ending 30 April 1968 RCS:CSFOR-65R1

HEADQUARTERS, US ARMY VIETNAM, APO San Francisco 96375 29 JUN 1968

TO: Commander in Chief, United States Army, Pacific, ATTN: GPOP-DT,  
APO 96558

1. This headquarters has reviewed the Operational Report-Lessons Learned for the quarterly period ending 30 April 1968 from Headquarters, 18th Surgical Hospital (MA)

2. Comments follow:

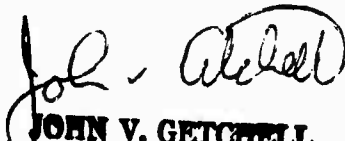
a. Reference item concerning fork lifts, page 4, paragraph 2e (4); 1st Indorsement, paragraph e(4); and 2d Indorsement, paragraph 2i. MTOE 8-571E dated 1 May 1968 was received from the 44th Medical Brigade for the 18th Surgical Hospital. MTOE 8-571E did not include the fork lift, rough terrain. In view of the concurrences by the 1st and 2d Indorsements the requirement appears valid, and should have been included in the 1 May MTOE. This headquarters proposed the following:

(1) That 1 each Fork Lift, 15000 lb Rough Terrain be added to MTOE 8-571E currently under study at USARV.

(2) That the 44th Medical Brigade immediately furnish this headquarters substantiating justification to accompany MTOE 8-571E when submitted to USARPAC, and that identification of a trade-off space be provided for a Mechanical Handling Equipment (MHE) operator.

b. Reference item concerning medical supplies, page 4, paragraph 2e(5); 1st Indorsement, paragraph e(5); and 2d Indorsement, paragraph 2j. Nonconcur with statement in 2d Indorsement which states that a team from the Supply Division, Office of The Surgeon General, should be requested to study this specific subject. In the event the Surgeon General's Office desires medical supply demand data for hospitals, divisions or brigades in RVN, this data will be furnished.

FOR THE COMMANDER:

  
**JOHN V. GETCHELL**  
Captain, AGC  
Assistant Adjutant General

Copies furnished:  
HQ, 18th Surg Hosp (MA)  
HQ, 44th Med Bde

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GPOP-DT (11 May 68) 4th Ind

SUBJECT: Operational Report of HQ, 18th Surg Hosp (MA) for Period  
Ending 30 April 1968, RCS CSFOR-65 (R1)

HQ, US Army, Pacific, APO San Francisco 96558 18 JUL 1968

TO: Assistant Chief of Staff for Force Development, Department of the  
Army, Washington, D. C. 20310

This headquarters has evaluated subject report and forwarding indorse-  
ments and concurs in the report as indorsed.

FOR THE COMMANDER IN CHIEF:



C.L. SHORTT  
CPT, AGC  
Asst AG

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## DOCUMENT CONTROL DATA - R &amp; D

(Security classification of title, body of abstract and indexing annotation must be entered when the overall report is classified)

1. ORIGINATING ACTIVITY (Corporate author) OACSFOR, DA, Washington, D.C. 20310		2a. REPORT SECURITY CLASSIFICATION Unclassified	
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